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ERRT-C: A Treatment for Trauma-Related Nightmares in Children

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Introduction

❑ ERRT, or Exposure, Relaxation, and Rescription Therapy was designed and proven effective in the treatment of trauma-related nightmares in adults.

❑ ERRT-C is a brief, innovative, child-focused adaption of an existing evidence-based treatment (ERRT) for trauma-related nightmares.

❑ More than five million children in the United States are exposed to some form of trauma each year

❑ The dissemination of effective treatments is crucial to their widespread implementation.

❑ A review of this research will help to expand knowledge and use of ERRT-C

Methods

A literature review of data collected on previous studies of Exposure, Relaxation, and Rescription Therapy (ERRT) was completed to describe the effectiveness and content of the adult program. These data were used to develop a child-focused form of the program. This program, known as ERRT-C, is described here including a brief review of preliminary data.

What do we know about ERRT?

ERRT has been shown to make significant improvements in the severity and frequency of nightmares, PTSD symptoms, depression, sleep quality and quantity, and a variety of other conditions that are in direct relation to the physical and mental well-being of adults who completed treatment.

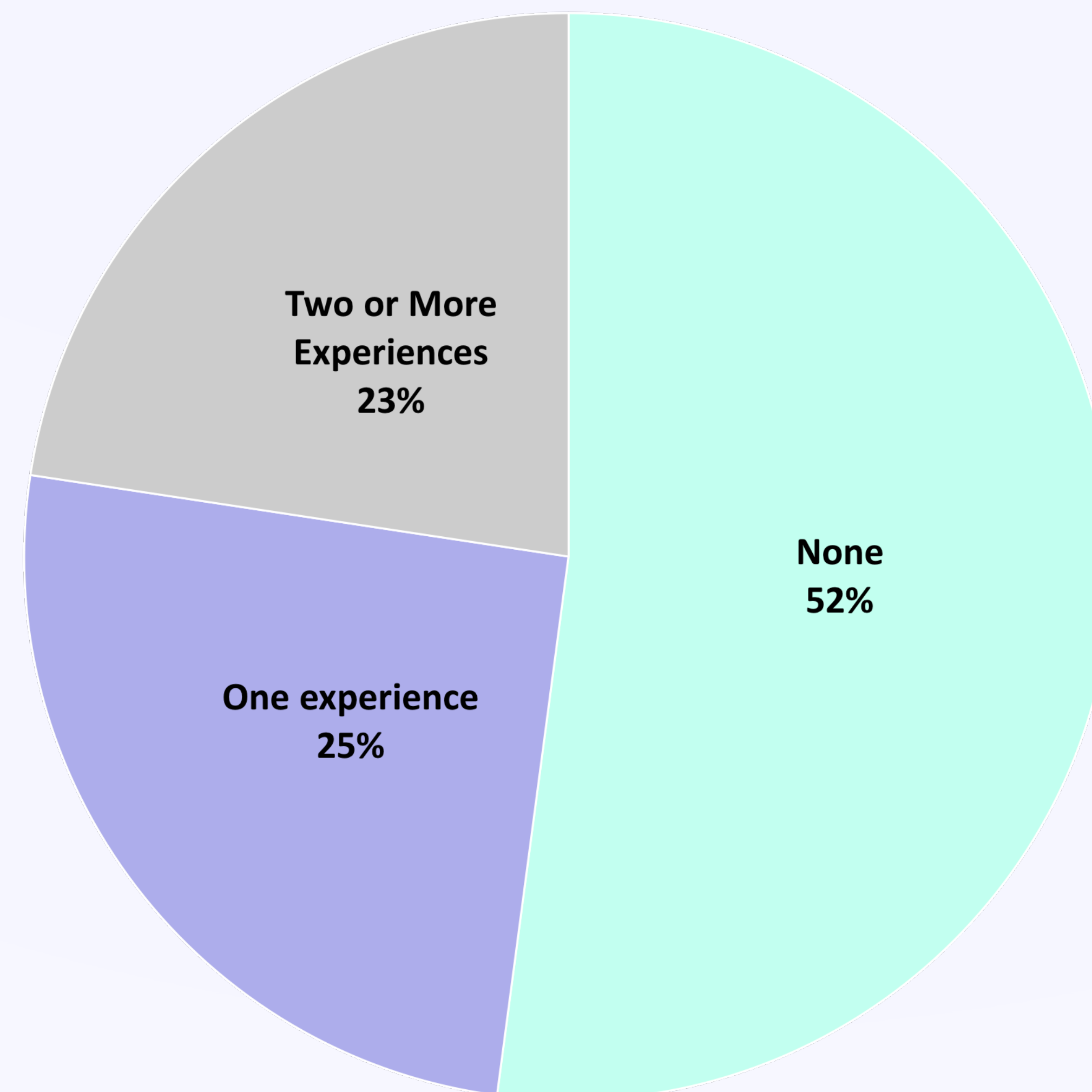
What's different in ERRT-C from ERRT?

ERRT-C adapts the current treatment to be suitable for a younger population and includes a parent factor that is not a part of the original ERRT protocol. The treatment sessions include both the child and the parent to educate them on various aspects that relate to nightmares and nightmare treatment, as well as focus on children's sleep behaviors.

What Does ERRT-C Look Like?

ERRT-C is a 5 week treatment program with one 2-hour session per week. In weeks 1, 2 and 4 the treatment is conducted by meeting with the child first, meeting with caregiver second, then meeting the child and caregiver together. In weeks 3 and 5 the treatment is conducted by meeting with the caregiver first, meeting with the child second, then meeting with the caregiver and child together. Each session includes a topic(s) to help treat nightmares in children who have experienced trauma and help caregivers understand and participate in the treatment for these nightmares and sleep disturbances.

Prevalence of Adverse Child and Family Experiences among US Children Age 0-17



Statistics on Childhood Trauma

❑ Of Children in the US **26%** will experience or witness a traumatic event before the age of 4

❑ According to the National Survey of Children's Exposure to Violence:

- Of children surveyed **60%** were exposed to at least one form of violence in the past year.
- Of children surveyed **10%** reported had experienced **five or more exposures** to violence

❑ Children exposed to five or more traumatic events in their first three years of childhood have a **76%** likelihood to have delays in language, emotional or brain development

Promising Results from Two Case Studies

❑ Preliminary data from two case studies done using ERRT-C showed children had improvements in:

1. Reduction of nightmares
2. Sleep disturbances
3. Behavior problems

ERRT-C Protocol Session Plan Outline

Session 1	Psychoeducation on trauma, nightmares, sleep habits, and guidance on how to modify unhelpful sleep habits
Session 2	Education on physiological responses to stress and relaxation; Training in progressive muscle relaxation and belly breathing
Session 3	Psychoeducation on the development and maintenance of trauma-related nightmares
Session 4	Exposure to nightmares by drawing and talking about them; Rescription assistance
Session 5	Suggestions on how to deal with future nightmares

What Does This Review Mean?

❑ Trauma-related nightmares in children have many adverse effects.

❑ Treating trauma-related nightmares in children is crucial to a child's mental and physical health.

❑ The child adapted version of ERRT, ERRT-C, has shown promising results.

❑ Dissemination of this research is critical for future implementation of ERRT-C.

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